

PATENT APPLICATION FEE DETERMINATION RECORD  
Effective October 1, 2000

Application or Docket Number

09/935,344

CLAIMS AS FILED - PART I

(Column 1) (Column 2)

|   |              |              |
|---|--------------|--------------|
| TOTAL CLAIMS  | 12           |              |
| FOR   | NUMBER FILED | NUMBER EXTRA |
| TOTAL CHARGEABLE CLAIMS                                   | 12 minus 20= |              |
| INDEPENDENT CLAIMS  | 4 minus 3 =  | 1            |
| MULTIPLE DEPENDENT CLAIM PRESENT <input type="checkbox"/> |              |              |

If the difference in column 1 is less than zero, enter "0" in column 2

CLAIMS AS AMENDED - PART II

(Column 1) (Column 2) (Column 3)

| AMENDMENT   | CLAIMS<br>REMAINING<br>AFTER<br>AMENDMENT |       | HIGHEST<br>NUMBER<br>PREVIOUSLY<br>PAID FOR | PRESENT<br>EXTRA |
|---|---|-------|---|------------------|
|   | Total                                     | • / / | Minus                                       | • • 20           |
| Independent   | • 3                                       | Minus | • • 10                                      | = / /            |
| FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM <input type="checkbox"/> |   |       |   |                  |

BEST AVAILABLE COPY

(Column 1) (Column 2) (Column 3)

| AMENDMENT B   | CLAIMS<br>REMAINING<br>AFTER<br>AMENDMENT |       | HIGHEST<br>NUMBER<br>PREVIOUSLY<br>PAID FOR | PRESENT<br>EXTRA |
|---|---|-------|---|------------------|
|   | Total                                     | •     | Minus                                       | • •              |
| Independent   | •   | Minus | • • •                                       | =                |
| FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM <input type="checkbox"/> |   |       |   |                  |

SMALL ENTITY  
TYPE

OTHER THAN  
OR SMALL ENTITY

| RATE      | FEES   | RATE         | FEES   |
|-----------|--------|--------------|--------|
| BASIC FEE | 355.00 | OR BASIC FEE | 710.00 |
| X\$ 9=    |        | OR X\$18=    |        |
| X40=      | 40.00  | OR X80=      | 80.00  |
| +135=     |        | OR +270=     |        |
| TOTAL     | 395.00 | OR TOTAL     | 790.00 |

OTHER THAN,  
SMALL ENTITY OR SMALL ENTITY

| RATE             | ADDI-<br>TIONAL<br>FEE | RATE                | ADDI-<br>TIONAL<br>FEE |
|------------------|------------------------|---------------------|------------------------|
| X\$ 9=           |                        | OR X\$18=           |                        |
| X40=             |                        | OR X80=             |                        |
| +135=            |                        | OR +270=            |                        |
| TOTAL ADDIT. FEE |                        | OR TOTAL ADDIT. FEE |                        |

| RATE             | ADDI-<br>TIONAL<br>FEE | RATE                | ADDI-<br>TIONAL<br>FEE |
|------------------|------------------------|---------------------|------------------------|
| X\$ 9=           |                        | OR X\$18=           |                        |
| X40=             |                        | OR X80=             |                        |
| +135=            |                        | OR +270=            |                        |
| TOTAL ADDIT. FEE |                        | OR TOTAL ADDIT. FEE |                        |

| RATE             | ADDI-<br>TIONAL<br>FEE | RATE                | ADDI-<br>TIONAL<br>FEE |
|------------------|------------------------|---------------------|------------------------|
| X\$ 9=           |                        | OR X\$18=           |                        |
| X40=             |                        | OR X80=             |                        |
| +135=            |                        | OR +270=            |                        |
| TOTAL ADDIT. FEE |                        | OR TOTAL ADDIT. FEE |                        |

(Column 1) (Column 2) (Column 3)

| AMENDMENT C   | CLAIMS<br>REMAINING<br>AFTER<br>AMENDMENT |       | HIGHEST<br>NUMBER<br>PREVIOUSLY<br>PAID FOR | PRESENT<br>EXTRA |
|---|---|-------|---|------------------|
|   | Total                                     | •     | Minus                                       | • •              |
| Independent   | •   | Minus | • • •                                       | =                |
| FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM <input type="checkbox"/> |   |       |   |                  |

\* If the entry in column 1 is less than the entry in column 2, write "0" in column 3.

\*\* If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20."

\*\*\* If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3."

The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1.